CRIMINALIST II Supplemental Questionnaire 2 Announcement Number 10-03537-01

Applicants must complete this form in addition to the San Bernardino County Employment Application. This Supplemental Questionnaire and the regular Application will provide the basis for a competitive evaluation of qualifications. Only the highest rated candidates will receive further consideration. Resumes will not be accepted in lieu of this Supplemental Questionnaire. Work experience must also be clearly described on the San Bernardino County Application form in order for applications to be considered.

Analysis

For each item listed below, indicate your experience in analyzing that material, substance, or surface. (Check only ONE box for each area.)	Performed on my own on the job and directed others on the job	Performed on my own on the job	Assisted others on the job	Trained and performed in a classroom or a laboratory	Trained but <u>not</u> performed this activity	Have never trained or performed this activity
Blood for alcohol						
2. Blood for drugs						
3. Urine for drugs						
4. Identification of body fluids						
5. DNA typing via STR markers						
6. DNA sequencing						
7. MtDNA sequencing						
8. DNA amplification						
9. DNA extraction						
10. Fired bullets						
11. Fired cartridge cases						
12. Operability of firearms						
13. Firearms Distance Determination						
14. Tools & Toolmarks						
15. Serial Number Restoration						
16. Explosives						
17. Arson evidence						
18. Hair - Microscopic						
19. Metals						
20. Poisons						
21. Paint						
22. Fabric						
23. Glass						
24. lnk						
25. Paper						
26. Soil						
27. Narcotics, Dangerous Drugs						
28. Gunshot Residue (GSR)						

CRIMINALIST II Supplemental Questionnaire 2 Announcement Number 10-03537-01 – page 2

Instrumentation

For each item listed below, indicate your experience in operating that type of instrument. (Check only ONE box for each area.)	Operated it on my own on the job and directed others in its operation	Operated it on my own on the job	Assisted others in operating it on the job	Trained and operated it in a classroom or a laboratory	Have been trained but have not operated it	Never trained in or operated this instrument
1. Gas Chromatograph						
2. Gas Chromatograph / Mass		П			П	
Spectrometer						
3. UV/VIS Spectrophotometer						
4. FT/IR						
5. Breath Alcohol Instrument						
6. Refractometer						
7. Comparison Microscope						
8. Scanning Electron Microscope						
9. X-Ray Diffractometer						
10. Pyroprobe						
11. Thermal Cycler						
12. HPLC						
13. Ion Chromatograph						
14. Capillary Electrophoresis						
15. Robotic liquid handlers						
16. Polarized Light Microscope						
17. Laser micro-dissection microscope						
18. NIBIN (IBIS) workstations						
19. Quantitative PCR						
20. Alternate light source or laser						
21. Robotic DNA extraction						
22. Expert software systems						
23. Chronograph						
24. Acoustical meter						

Certificate of Applicant: I certify that all statements made on my application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal. I also understand that this Supplemental Questionnaire 2 form by itself is not a complete application; I must also complete the county application and supplemental questions.

Name (print):	
Signature:	Date: